

MOBILISING STRATEGIES OF THE
GLOBAL BREASTFEEDING MOVEMENT:

BUILDING ALLIANCES WITH THE
WOMEN'S MOVEMENT

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**MOBILISING STRATEGIES OF THE
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WOMEN'S MOVEMENT**

by

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LIST OF ABBREVIATIONS AND ACRONYMS

ACC/SCN	UN Administrative Committee on Coordination, Sub-Committee on Nutrition
APDC	Asia Pacific Development Centre
ARROW	Asia-Pacific Research and Resource Centre for Women
BFHI	Baby-Friendly Hospital Initiative
CI	Consumer's International
CRC	Convention on the Rights of the Child
FAO	Food and Agriculture Organisation
FWCW	Fourth World Conference on Women
GLOPAR	Global Participatory Action Research (Project)
IBFAN	International Baby Food Action Network
ICDC	International Code Documentation Centre
ICPD	International Conference on Population and Development
ILCA	International Lactation Consultants Association
ILO	International Labour Organisation
IOCU	International Organisation of Consumers Union
IPEN	International POPS Elimination Network
IWCN	International Women Count Network
LLLI	La Leche League International
PAN	Pesticides Action Network
PPPIM	Persatuan Penasihat Penyusuan Susu Ibu
SOC	State of the Code (by Country and Company)
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNAIDS	United Nations Interagency on HIV/AIDS
WABA	World Alliance for Breastfeeding Action
WANAHR	World Alliance for Nutrition and Human Rights
WBW	World Breastfeeding Week
WHA	World Health Assembly
WHM	Women's Health Movement
WHO	World Health Organisation

ABSTRAK

STRATEGI-STRATEGI MEMOBILISASI PERGERAKAN PENYUSUAN SUSU IBU DI PERINGKAT GLOBAL: MEMBINA RANGKAIAN DENGAN PERGERAKAN WANITA

Tesis ini bertujuan untuk mengkaji beberapa strategi penjaan pergerakan penyusuan ibu di peringkat antarabangsa yang telah terbukti berkesan dalam usaha mencapai tahap kesihatan kanak-kanak dan wanita dengan menerapkan semula budaya penyusuan susu ibu. Ia juga melihat pergerakan penyusuan susu ibu dari sudut rangkaianannya dengan pergerakan wanita antarabangsa untuk memperkasa wanita melalui peningkatan tahap kesihatan dan budaya reproduktif.

Pergerakan penyusuan ibu berlandaskan lima strategi umum untuk melindungi, mempromosi dan menyokong penyusuan susu ibu: *menjalin rangkaian, membina kapasiti, penganjuran* (advocacy), *penyebaran* (outreach) dan *media dan komunikasi*. Selaras dengan itu, lima program strategik yang penting telah dikenalpasti: (i) **Hospital Mesra Bayi**; (ii) **Minggu Penyusuan Susu Ibu Sedunia**; (iii) **Penganjuran Kod**; (iv) **Membina Kesepakatan dan Perwakilan Antarabangsa**; dan (v) **Wanita dan Pekerjaan**. Program-program ini akan dikaji dari sudut aktiviti, hasil dan keberkesanannya.

Tesis ini mengkhusus kepada strategi keempat iaitu membina kesepakatan, terutamanya dengan pergerakan (kesihatan) wanita, dan menilai kedudukan isu penyusuan susu ibu

dalam agenda pergerakan wanita. Kajian telah menunjukkan bahawa penyusuan susu ibu kurang dititikberatkan dalam agenda dan perbincangan pergerakan wanita, dan sentiasa diabaikan atau diketepikan. Antara puncanya ialah pandangan feminisme liberal dan radikal yang menganggap penyusuan susu ibu sebagai 'essentialist' - menghalang wanita daripada berdikari, pilihan dan autonomi (kuasa). Penyelidik cuba mengasaskan kedudukan yang lebih memusat untuk isu penyusuan susu ibu dan cuba mengenengahkannya dalam agenda pergerakan wanita. Lima isu penting telah dikenalpasti untuk mengukuhkan jalinan rangkaian dari segi teori dan strategik di antara dua pergerakan tersebut. Ini termasuk: (i) **Kesihatan dan Hak Reproduktif dan Seksual**; (ii) **Khasiat dan Kesihatan Wanita**; (iii) **Penguasaan Wanita**; (iv) **Tugas Produktif dan Reproduktif Wanita**; dan (v) **Wanita dan Alam Sekitar**. Kajian ini juga mengenalpasti langkah-langkah wajar yang telah dilaksanakan oleh pergerakan penyusuan susu ibu untuk mengkaitkan diri dengan pergerakan wanita, dan mencadangkan hala tuju seterusnya untuk mengeratkan kerjasama pada masa yang akan datang. Teori kesihatan dan hak reproduktif juga perlu dirombak untuk memberi sifat keibuan kedudukan yang penting.

Dalam pendekatan teoretikal, penyelidikan ini memberi penekanan daripada sudut *feminisme* - sosialis, 'standpoint' dan 'radical-feminism' - dan teori kritikal. Pendekatan-pendekatan ini adalah 'interpretive' dan memberi tumpuan kepada kebebasan daripada tindasan, iaitu pengetahuan adalah untuk mengubah dan boleh diubah. Pendekatan ini mengenyahkan sains objektif dan memberi laluan kepada sains subjektif yang

menitikberatkan lokasi sejarah penyelidik di samping menggalakkan pengimbasan semula sejarah.

Tiga kaedah mengumpulan data dan analisis digunakan dalam penyelidikan ini: penyiasatan temuduga, analisis kandungan dan pemerhatian peserta. Kaedah and sumber data yang berbilang telah digunakan kerana kajian ethnografi adalah suatu jalinan global dimana peserta dan aktiviti berasas dari beberapa tempat di dunia. Maklumat yang dikumpul melalui temuduga, dokumen dan pemerhatian dan seterusnya dianalisa menggunakan *kaedah kualitatif*.

ABSTRACT

MOBILISING STRATEGIES OF THE GLOBAL BREASTFEEDING MOVEMENT: BUILDING ALLIANCES WITH THE WOMEN'S MOVEMENT

This thesis aims to examine several mobilising strategies of the global breastfeeding movement which have been effective in advancing the goals of better infant and women's health by restoring a breastfeeding culture. It also looks at the breastfeeding movement from the perspective of its linkages with the global women's movement, which seeks to empower women through a better health and reproductive culture.

The breastfeeding movement employs five broad strategies to protect, promote and support breastfeeding: *networking*, *capacity building*, *advocacy*, *outreach*, and *media and communications*. Within these, five strategic programmes of action have been identified as being the most instrumental. They are: (i) The Baby-Friendly Hospital Initiative, (ii) World Breastfeeding Week, (iii) Code Advocacy, (iv) Alliance Building and International Representation, and (v) Women and Work. Each of these strategic programmes are analysed from the point of view of their activities, outcomes and effectiveness.

This thesis focuses on the fourth strategy of *alliance building*, in particular, with the women's (health) movement, and reviews the place of breastfeeding in the women's agenda. The research shows that breastfeeding has a low priority in the women's movement, and is often ignored or marginalised in feminist discourse. Some reasons point to such feminist traditions as liberal and radical feminism which view breastfeeding as essentialist - inhibiting women's independence, choice and autonomy. The researcher

has sought to establish a more centralised position for breastfeeding and argues for mainstreaming breastfeeding within the women's movement. Five key issue areas are identified to strengthen the theoretical and strategic linkages between the two movements. These include: (i) *Reproductive and Sexual Health and Rights*; (ii) *Women's Health and Nutrition*; (iii) *Women's Empowerment*; (iv) *Women's Productive and Reproductive Work*; and (v) *Women and the Environment*. The research also looks at the practical ways in which the breastfeeding movement has been linking with the women's movement in the past and present, and recommends actions for future collaboration. Elements for a revised theory on reproductive health and rights is also offered giving motherhood a central position.

In terms of **theoretical approaches**, the research draws mainly from *Feminism - socialist, standpoint and radical feminism - and critical theory*. These approaches are interpretive in nature, and have an emancipatory interest, that knowledge is meant for change and to change. They reject an objective science for a subjective science which recognises the historical location of the researcher, while encouraging reflexivity.

Three methods of data gathering and analysis have been used for this research: **in-depth interviews, content analysis and participant observation**. A multi-methods and multi-data source approach has been used because the ethnographic field is a global network where its participants and activities are based in different parts of the world. The data gathered from interviews, documents and participant observation are analysed using *qualitative methods*.

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CHAPTER 1

INTRODUCTION

1.1 An Introduction

This thesis analyses several mobilising strategies of the global breastfeeding movement which aim to advance the goals of better maternal and child health by restoring a breastfeeding culture. The breastfeeding movement is also analysed from the perspective of its linkages with the global women's movement which seeks to empower women through a better health and reproductive culture.

The breastfeeding movement is a dynamic example of a single issue movement in the realm of new social movements. It operates as a multi-pronged network involving organisations, groups and individuals from the international, regional, national and local levels. As a global movement, it acts simultaneously to *influence policy and practices* of the United Nations and other international institutions and networks in the area of health, development, women and children; and to *stimulate, empower and mobilise national and community based organisations* so that local level activities are strengthened and multiplied.

This multi-pronged approach involves the pursuit and coordination of several kinds of concurrent strategies. At the global level, the different strategies involve *networking, capacity building, advocacy* (e.g. organising strategic campaigns that mobilise a great mass of people or influencing the United Nations system), *outreach* (e.g. forging alliances with other international organisations and networks) and *media and communications*. At the national or local level, these strategies are applied in a variety

of activities such as lobbying local and national governments, organising formal as well as non-formal education and training activities, setting up and sustaining the activities of community-based support groups, running media and various popular information campaigns, collaborating with non-breastfeeding groups, and working with government on health based programmes.

It is important to note that the strategies employed by the breastfeeding movement, and social movements in general, change with time, depending on the international contexts and local situations. Leaders of movements always have to be alert to changing circumstances and act creatively in adapting their strategies and organisational structures when needed. Changes in strategies often involve modifications in how the issue is defined/marketed, especially in the case of alliance building. Certain interpretations of an issue can be popular at one time and thus "socially marketable," but be totally ineffective at another. And since alliance building is increasingly recognized by practitioners of alternative development as an essential mobilising strategy, then those involved in interpreting and defining issues, when linking with new groups, must look for opportunities to "speak a common language" or find a common agenda.

In the case of the global breastfeeding movement, strong alliances were formed with the consumer movement in the 1970s and 1980s. Alliances were also formed with church based groups and several health and development networks (Allain, 1991: 12-14, 23, 27 and Chetley, 1986: 48-57). Little progress, however, had been made during these two decades to collaborate with the women's movement as the latter had perceived breastfeeding as problematic. But by the 1990s the time was ripe to start forging a

partnership with the global women's movement. The latter had become more visible and strong with the advent of various United Nations conferences, which would address women's issues, and was seen as an opportunity to move the breastfeeding issue ahead. While the 1990s also saw possibilities for linking with groups working on food security, human rights, and environmental concerns, the level of advocacy with the women's movement seems to have been more intense and prolonged. The focus of this thesis therefore centres on the strategies breastfeeding advocates have been using to ally themselves with the women's movement, in particular with women's health activists. It also looks at how to strengthen the collaboration between the two movements.

1.2 Background

Bottle feeding and feeding infants with poor milk substitutes has been a serious and often grave problem for many of the world's young children since the early 20th century. Large number of infant deaths have resulted from the use and misuse of artificial milks - a situation largely created by the very aggressive marketing practices of infant formula and baby food companies. The post World War II period marked the rise in the use of artificial milk substitutes in the developed world, while in the developing world bottle feeding started to gain popularity in the 1960s as industrialisation took root and when infant formula companies began marketing their products in the Third World (Palmer, 1988: 190-191).

This change in the trend of feeding infants meant a major decline in breastfeeding practices world wide. Without the protective benefits that breastmilk provides and the increasing costs (monetary and health costs) associated with purchasing and using

commercialised/artificial milks, infant mortality rose. According to UNICEF, as many as 4,000 infant and young children die every day as a result of bottle feeding related illnesses such as diarrhoea, gastroenteritis and respiratory infections. More recent research show a whole range of other diseases, though not always fatal, that result from artificial feeding: otitis media (ear infections), bacteremia, meningitis (Cunningham, Jelliffe and Jelliffe, 1991) and allergies to name a few examples.

The infant feeding issue gained international prominence in the late 60s as an increasing number of physicians and health workers working in developing countries recognised the direct link between bottle feeding and infant mortality and morbidity. By the early 70s, a number of concerned activists, consumer organisations, development groups and several church groups took up the issue to campaign against the unethical marketing practices of the infant formula companies. These activities which started in the early 70s and continued on in the 80s took the form of international boycotts, awareness raising programmes as well as lobbying of UN agencies and governments to develop an international code (a minimum standard) to control the marketing practices of baby food companies. This was the beginnings of the breastfeeding movement as several concerned groups joined together from different parts of the world, as advocates for infants, the most vulnerable of human beings, to battle the forces of the multinationals.

By the mid 1980s many successes were evident in reversing the trend from bottle feeding back to breastfeeding. Yet, continued efforts, often more creative in nature, were necessary to maintain the early achievements and to tackle new challenges as the “issue” became more sophisticated and as the baby food industry found new avenues to promote their products. The 1990s witnessed the growth of a new framework for global

action - an umbrella organisation for the breastfeeding movement - that would use new strategies and a multipronged approach to the infant feeding campaign.

1.3 Objectives

This thesis seeks to examine how the breastfeeding movement as a new social movement¹ operates to advance its goals both at the international and national levels. At the global level, the research aims to describe the more *successful strategies* that have been used in international networking and campaigns, conferences and social mobilisation efforts to promote specific agendas. While at the national level, the research purports to highlight a few examples of creative people's initiatives that have been able to raise awareness, change attitudes and influence national policies and practices in order to re-establish a breastfeeding culture. A third and significant objective of this research is to examine the means by which the breastfeeding movement is seeking to build alliances with the women's movement and, to analyse the theoretical linkages and practical strategies whereby the two movements can collaborate. This is necessary in order to bring the breastfeeding issue into mainstream feminist discourse (See section on "Alliance building, the Women's Health Movement and Feminism" under *Justification* for a further explanation).

The task of *explaining* how the breastfeeding movement advances its goals and how certain achievements are possible will involve an *analysis* of the strategies used, in particular the strategy of alliance building. The latter will focus on linkages with the

¹ According to Dahlerup, a social movement is "a conscious, collective activity to promote social change, representing a protest against the established power structure and against the dominant norms and values. The commitment and active participation of its members or activists constitute the main resource of any social movement" (Dahlerup, 1986: 2).

women's (health) movement. It will look at both the practical and theoretical linkages and explore how these can be strengthened. The thesis also seeks to do a preliminary evaluation of the breastfeeding movement, mainly in terms of the strategies employed. In a small way, this research hopes to contribute to the mounting knowledge on new social movements and the corresponding emerging framework for alternative development². At the level of praxis, the research should point to some practical examples that may be adapted by other social movements in initiating effective campaigns and actions, and in building new allies.

1.3.1 *Summary of Objectives*

1. To *describe* the more effective mobilising strategies used by the breastfeeding movement at the international and national/local level.
2. To *examine* the various strategies employed by the breastfeeding movement to achieve its goals, in particular the strategy of alliance building.
3. To *analyse* the issue of breastfeeding from feminist viewpoints, especially the women's health movement, in order to find common strategic and political interests.
4. To *examine* the strategies used by the breastfeeding movement to ally itself with the women's movement, and to identify more effective ways of linking with the latter to foster greater alliances.

² *Alternative development* is used here to refer to alternative approaches to mainstream development models that seek to bring about real social change which ensures material well-being to the large majority of people and are both participatory and humane. Alternative development, as expounded by Southern feminist groups especially, "advocate a people centred approach, and equitable development based on the values of cooperation, resistance to hierarchies, sharing, accountability and commitment to peace." (Braidotti, et. al. 1994: 117)

5. To begin a preliminary *evaluation* of the strategies of the breastfeeding movement and highlight the general impact of the movement within the context of alternative development.
6. To *document* cases of workable alternative development strategies and *share* such knowledge with other social movements.

1.3.2 Major Research Questions

This thesis hopes to answer the following major research questions:

1. *What* strategies does the breastfeeding movement employ to effectively protect, promote and support breastfeeding at the international and, to a lesser extent, at the national/local level?
2. To *what* extent is alliance building a key strategy in achieving the goals of the breastfeeding movement? To what extent has this strategy been effective?
3. *How* does the women's health movement and, to a lesser extent, feminist literature view breastfeeding? Why do they take this view?
4. To *what* extent can breastfeeding be part of the women's movement's agenda?
5. In *what* ways are breastfeeding advocates building alliances with the women's health movement and other issue groups?
6. *How* can better and more effective theoretical and strategic linkages be developed to strengthen alliances with the women's movement?
7. To *what* extent are the strategies of the breastfeeding movement effective in meeting its goals? *What* kinds of impact has the breastfeeding movement made to improve human development?

1.4 Scope

This thesis *examines the specific strategies of the breastfeeding movement* that have proven to be fairly effective in achieving its goal of promoting exclusive breastfeeding and improving women's and children's health through social mobilisation efforts aimed at empowering women and communities to establish breastfeeding cultures. The thesis, furthermore, examines the strategies employed mainly during the 1990s and year 2000.

Secondly, from among these strategies examined, the researcher has chosen to focus on the outreach strategy of *alliance building*, in particular alliances with the women's movement. Other strategies will be considered such as advocacy and representation at the international conferences, capacity building, and social mobilisation campaigns, but will not receive as much in-depth analysis as alliance building.

Thirdly, as the breastfeeding movement consists of numerous players at the international, regional, national and local level, it is not possible to include all of them in this study. The researcher has therefore chosen to focus on the activities of the movement's umbrella organisation which is the *World Alliance for Breastfeeding Action* or WABA and of some of its participants/endorsers like the International Baby Food Action Network (IBFAN), and national groups such as CEFEMINA, PPPIM and ARUGAAN. It is worth noting that there are several organisations and leading individuals who are not part of WABA but who do contribute to the overall activities and advancement of the breastfeeding movement.

Finally, it is useful to emphasise that this thesis does *not* seek to research and document the entire gamut of issues, experiences, challenges and activities related to the breastfeeding movement. Nor does it deal with the day-to-day practicalities and physiological dimensions of breastfeeding (e.g. lactation management) and the very diverse set of issues which surround breastfeeding such as the socio-cultural attitudes and norms that govern infant feeding practices in different cultures, the ecumenical or religious perspectives of breastfeeding, current issues like HIV and infant feeding, and others, except where they are relevant to the aims of this study.

1.5 Justification

1.5.1 *Infant Mortality*

Breastfeeding is an issue of survival and well-being. To more than half the children under the age of five on this globe, the lack of breastfeeding could mean death. And to the other half, breastfeeding contributes to good health and optimal physiological, emotional, psycho-social and intellectual development. Numerous clinical studies since the late 1960s and early 1970s have attested to the immense health, nutritional and developmental benefits of breastfeeding to infants and young children. More recent research³ continues to proclaim the miraculous powers of breastmilk to both rich and poor infants as well as point to the benefits of breastfeeding to older children (e.g. reduced obesity and allergies) and to women (e.g. reduced risks of breasts and ovarian cancers). Yet such information has been slow to penetrate the popular stock of knowledge of the masses resulting in the perpetration of poor or sub-optimal infant feeding practices and consequently poor infant health in large parts of the world.

³ Cunningham, A.S., D.B. Jelliffe and E.F.P. Jelliffe, "Breast-feeding and Health in the 1980s: A Global Epidemiologic Review," in Journal of Pediatrics, Vo. 118, No. 5, May, 1991: pp. 659-666.

More than 70 per cent of childhood deaths in developing countries can be attributed to just five main causes: pneumonia, diarrhoea, measles, malaria and malnutrition (WHO, 1998). Breastfeeding is a major source of prevention for four out of these five baby killers. If we look at the incidence of infant and young child mortality due to various diseases, chief among them is caused by the lack of breastfeeding (or by artificial feeding). UNICEF and WHO, the two UN agencies most concerned with child health, have estimated infant mortality due to bottle feeding to be 1.5 million deaths a year. This is a modest figure. Less conservative studies show that "breastfeeding currently saves 6 million infant lives each year by preventing diarrhoea and acute respiratory infections alone"(WHO, 1993: 2). Another comparison can be made to the rate of maternal mortality. In 1993, it was estimated that at least half a million women die from pregnancy or abortion every year (Abdullah and Raj-Hashim, 1993: 1) or more than 1,000 deaths per day (UNICEF, 1993b: 9). While the subject certainly demands serious attention, the rate of maternal mortality is at most one-third of the conservative figure for infant mortality.

1.5.2 Loss of Traditional Wisdom and Women Centred Health Practices

Putting figures aside and looking at the socio-cultural aspect, one sees a dramatic decline in the knowledge and skill of breastfeeding among women beginning from the late 19th century when infant formula was manufactured and marketed and when health was being increasingly medicalised. Once a natural practice of humanity, breastfeeding was almost a lost art by the 1960s. Breastfeeding rates in the developed world plummeted by the post World War II period ⁴. Even in developing countries, women

⁴ Van Esterik and Baumslag both refer to the decline of breastfeeding rates in North America and in Europe. See Van Esterik, "*The Politics of Breastfeeding: An Advocacy Perspective in Breastfeeding*:"

were quickly losing the know-how to breastfeed as infant formula increasingly filled the markets in the 1960s⁵ and as the medical profession favoured technological ways of feeding infants over breastfeeding.

The widespread marketing of infant formula and other breastmilk substitutes, coupled with the process of urbanisation and the medicalisation of pregnancy, child birth and infant feeding, have led to the loss of breastfeeding as a skill among women worldwide (Palmer, 1988: 171-2 and 179-182). This loss has made women more dependent on the medical industry, on commercial weaning foods, less confident about their ability to nurture and feed their young and, to a large extent, more disempowered in caring for themselves and their children. It is not surprising to see a whole generation of women, particularly those who were mothers in the 60s, who have never breastfed and who do not know how to, nor would they want to support their daughters in breastfeeding their children. In modern Western industrialised societies especially, young girls were growing up without ever seeing a woman nursing and received very little information on breastfeeding (Jelliffe and Jelliffe, 1979: 192). But today, thanks to the efforts of the breastfeeding movement, in particular, the networks of mother-to-mother support groups, breastfeeding as a skill of women is being revived and quickly growing in the North.

Biocultural Perspectives (1994) by Stuart-Macadam and K.A. Dettwyler (eds.). New York: Aldine de Gruyter: p. 124. Baumslag, N. (1995) Milk, Money and Madness: the culture and politics of breastfeeding. Goa: The Other India Press: p. 147-148.

⁵ It should be mentioned that artificial milks were already in use in a number of developing countries since the early 20th century. In Malaysia (and Singapore) it was as early as the mid 1880s (Palmer, 1988: 186).

The fact that breastfeeding saves lives, ensures the development of healthy and sound children and contributes to women's health, among many other benefits to society, the environment and the economy, deserves far more recognition than it has received so far. Through focusing on the breastfeeding movement, this research hopes to elevate the issue of breastfeeding among academics and other social movements, especially the women's movement. More importantly, it aims to give recognition to the people and the efforts that have gone into promoting breastfeeding as a right of women and children.

1.5.3 The Breastfeeding Movement as a Dynamic Global Social Movement

The third reason for choosing this topic lies in the fact that the breastfeeding movement is one of the most dynamic social movements, especially for a single issue movement. The study of social movements and alternative development strategies has a great deal to gain from an analysis of the multifaceted and multipronged strategies used by the breastfeeding movement. The Nestle boycott, for instance, was deemed by many social activists as the first very successful consumer boycott (Chetley, 1986: 53). In addition, several new global organisations have been turning to the International Baby Food Action Network (IBFAN), and more recently to WABA, as an example of a social movement that gains mileage from its structure as a loosely coordinated network, its strategies of social mobilisation, outreach and alliance building, and from its principles of participatory democracy and total human development. The breastfeeding movement has been frequently referred to in various academic writings on social movements to demonstrate the effectiveness of people's power, people's creativity and the strength of people's organisations in balancing the forces of governments and multinational corporations.

The early activities of IBFAN, the Nestle boycott and the global campaign against the aggressive marketing of breastmilk substitutes by infant formula companies have been relatively well documented in various books (Chetley, 1986 and 1979), journals and health and development articles. What is needed to complement this collection is documentation on the more recent activities of the breastfeeding movement, especially since the inception of its umbrella body, the World Alliance of Breastfeeding Action, in February 1991. WABA has as its object the *protection, promotion and support* of breastfeeding which encompasses a multiprong approach needed to restore breastfeeding cultures worldwide. WABA's strategies of the 1990s take the breastfeeding movement into new ways of promoting the issue and has sought to include many more players, including non-breastfeeding groups, in the movement. Hence the focus of this research - to capture the actions and campaigns of the WABA network for the decade of 1990s.

1.5.4 Alliance Building, the Women's Health Movement and Feminism

The fourth justification for this research answers the question of why the emphasis on the strategy of *alliance building* and in particular with *feminists* and the women's health movement. Two reasons are given. Firstly, alliance building is increasingly viewed and used by many social movements as an effective way to ride on the momentum of other issue groups to harness greater support for commonly shared issues and to create a larger mass of people involved in alternative movements. The women's movement, the ecology movement and alternative development movements all seek to foster greater alliances with groups sharing a common viewpoint on the problems and dangers of mainstream Western style development (Braidotti, R. et.al., 1994: 6) even though each may focus on a different aspect of the problem. Collective alliances strengthen the

position of all those involved in demanding more appropriate, humane, gender sensitive and sustainable development approaches.

Secondly, the choice of analysing the conceptual issues involved and actions employed by breastfeeding advocates to ally themselves with the women's movement has to do with several reasons - two of which are particularly important. The first is that breastfeeding as an issue is often ignored or marginalised in feminist discourse, and as a result there has been a lack of cooperation between the two movements. The reason for this is often entrenched in certain feminist traditions such as liberal and radical feminism which view breastfeeding as problematic, inhibiting women's liberation, independence and equal participation in social life (e.g. the workforce). The sexual and reproductive health and rights framework in particular emphasises women's autonomy and total control over her own body, making *choice* a fundamental element in ensuring women's power. Within this framework, breastfeeding and breastfeeding promotion may and has been viewed as going counter to the notion of autonomy, choice and empowerment; thus the dilemma (more in chapter 4). **The researcher is trying to establish a more centralised position for breastfeeding and argue the case for mainstreaming the breastfeeding movement within the women's movement.** More specifically, by identifying and interpreting certain feminists' theories and concepts in a way that will align the breastfeeding issue with the women's agenda, the research should help to provide new conceptual tools to secure stronger links between the two movements.

A related point to consider is that mainstream feminist positions do influence (or get co-opted by) global policy and practices related to women's economic and social life.

For instance, the revision process of the ILO Convention 103 on maternity protection that recently took place from 1998 to June 2000 initially worked to undermine breastfeeding at the workplace by supposed calls for more equal participation of women in the workforce. Breastfeeding provisions were seen to put women workers in a less equal, less competitive position vis a vis men because they are more expensive to hire and maintain. What this shows is that unfavourable dispositions by the women's movement towards breastfeeding can and does have negative impact on policies and practices that affect women and their families. The emphasis on establishing breastfeeding firmly within the women's or feminist agenda is therefore all the more necessary to avoid superficial co-optation by powerful forces.

Second, the strategy of forming alliances with the women's movement in the 1990s is timely given the greater momentum and visibility of the latter in international events such as the United Nations Conference on Environment and Development (UNCED, 1992), the International Conference on Population and Development (ICPD, 1994) and the Fourth World Conference on Women (1995). Riding on this momentum can only be positive for the breastfeeding movement. The decade of the 1990s has also witnessed the women's movement opening up in terms of its diverse participants and viewpoints. It recognises the complexity and diversity of women's lives from the North and from the South and, has adopted new feminist epistemologies to incorporate the multiple positions of different women. In other words, the breastfeeding movement has greater opportunity since the 1990s to find room within the new feminist discourses in which to situate the infant feeding and breastfeeding issue, thereby creating more possibilities for cooperation.

In the 1990s, a small number of breastfeeding advocates in academia have begun to look at and write about linkages with the women's movement. This thesis hopes to synthesize and add to this work with the aim of strengthening existing alliances and building new ones where they do not yet exist.

1.6 Theoretical Approaches

1.6.1 *Standpoint Feminism, Socialist Feminism and Radical Feminism*

The research relies broadly on two theoretical approaches: *Feminism* - primarily, socialist, standpoint, radical, post-modern and eco-feminism – and *Critical Theory*. Both approaches are fundamentally interpretive in nature in that reality is regarded as socially constructed and interpreted, and both have an emancipatory interest, that knowledge is meant for change and to change. Both approaches aim to produce knowledge that must enable people to understand their situation and the ideological and material causes of oppression and domination in order to challenge them. Both reject an objective science for a subjective science which recognises the historical location of the researcher/knower and encourages self-reflection (Blaikie, 1993: 52-57, 78-87).

This point is particularly relevant as the researcher herself is an insider in the breastfeeding movement and will often draw on first hand knowledge while at the same time recognising the need for reflexivity. Being an advocate, the researcher recognises that she takes a particular position on the subject and, while she tries to keep certain prejudices under control and be reflexive, they surface from time to time. The researcher therefore makes her position explicit from the onset, that of protecting, promoting and supporting breastfeeding as a right of women and children, and eliminating obstacles to this right. Standpoint feminists such as Dorothy Smith have

argued for a feminist sociology that supports doing research from a particular standpoint, especially from the standpoint of women⁶. According to Smith, "it is not possible to have objective knowledge which is independent of the social location of the researcher. The socially constructed world must be known from within... by the sociologist paying attention to her/his direct experience of this social world" - total objectivity is therefore impossible let alone desirable. Standpoint feminists have henceforth introduced the concept of "dynamic objectivity"⁷ to characterise the pursuit of knowledge that makes use of subjective experience, and that reconceptualises objectivity as a dialectical process (Blaikie, 1993: 83 - 85).

Standpoint feminism as advocated by such as Rose and Keller provides frameworks and concepts which will help to make linkages in the way infant feeding is viewed by breastfeeding advocates and by the women's movement. Standpoint feminists look at women's social experiences as the basis for a distinctive feminist science, where women are given a privileged position in their ability to understand the social world. They see the biases in androcentric science⁸ as a result of the division of labour between mental and manual labour. Since the advent of capitalist production, only the productive labour of men in the production of goods is recognised and financially and socially rewarded. On the other hand, reproductive labour performed by women such as child rearing, breastfeeding and nurturing, all examples of caring labour, is unpaid or

⁶ Following Smith, starting from the standpoint of women "locates a subject who begins in a material and local world." Smith, D. (1987) *The Everyday World as Problematic: A Feminist Sociology*. Toronto: University of Toronto Press, 84.

⁷ "Dynamic objectivity is not unlike empathy, a form of knowledge of other persons that draws explicitly on the commonality of feelings and experiences in order to enrich one's understanding of another in his or her own right.... Dynamic objectivity is thus a pursuit of knowledge that makes use of subjective experience... in the interests of a more effective objectivity" (quoted in Blaikie, 1993: 83).

terpaid, relegated to a low status and confined to the private domain (Blaikie, 1993:

e of the key methodological and theoretical issues for feminist sociology, according
standpoint feminists, is the notion of new materialism. *New Materialism* is similar to
expanded concept of historical materialism interpreted by socialist feminists. It
ognises *caring labour* as a primary social activity in the production of people and
ues for putting the heart back into production. Caring labour provides an entry point
the analysis of breastfeeding as productive caring work and gives a theoretical basis
cooperation between the two movements. Recognising caring labour also means
ognising the knowledge that stems from practicing it and gives equal importance to
place of everyday life in creating valuable knowledge about society (Blaikie, 1993:
. This perspective helps to assert the need to recognise the knowledge, skills and
ings of a breastfeeding mother as meaningful and empowering.

strands of feminism mentioned earlier also recognise that all social relationships
e inherent power relations. The **socialist feminist** positions, in particular, point to
iarchy, modern capitalism and the resulting unequal power relations in modern
ety as the causes of women's oppression and domination. The analysis of the
stfeeding movement and the issues assumes that the male centred, technocratic,
ical model and the consumerist culture, entrenched in capitalism and patriarchy, are
causes for the poor infant feeding situation worldwide. This medical model, hand in
l with consumerism, perpetuates women's lack of control over their lives and

rocentric science refers to the positivist, dogmatic and male-centred way of knowing "truth."
ists criticise all science as based on a masculine way of viewing the world. (Blaikie, 1993: 78)

bodies, and undermines women's knowledge and confidence of caring for and healing themselves and their children.

The research also draws on the work of certain **radical feminists** like Adrienne Rich who have developed new theoretical frameworks that challenge the more orthodox radical position. Radical feminism generally situates women's oppression in their bodies, and views gender, whether as a biological or a cultural concept, as a constraint especially for women (Gamble, 1999: 302). Biology, according to radical feminists, is used to justify the ideological domination of men over women. This puts radical feminists in a highly critical position with respect to motherhood and any female biological functions such as breastfeeding, seeing them as essentialist activities that oppress women. However, some newer radical approaches can potentially accommodate breastfeeding and will be further explored.

A number of other feminist concepts can inform analyses on breastfeeding issues, as well as provide opportunities for including breastfeeding in discussions on feminist theory and practice. These include (i) the idea that *the personal is political*; (ii) *The idea of praxis and practice*, (iii) *Understanding difference and diversity* and (iv) *Embodiment*.

1.6.2 *The personal is political*

The personal is political has been one of the oldest and most powerful catch-phrase of feminism to state that women's experiences of male domination and oppression in the home- the private sphere - is actually not a personal matter but a result of the larger structures of patriarchy. Feminists argue that women's experience of powerlessness in

domestic affairs, in decision making within the family, in matters of sexuality, childbearing and child rearing is due to systemic forces of patriarchy that act through institutions such as marriage limiting “female-specific activities”⁹ to the private domain. The women’s movement has struggled in various contexts to publicise acts of domestic violence and various forms of oppression within the household as unacceptable and place them publicly as political issues requiring social change.

The breastfeeding issue fits within this feminist struggle that calls for politicising the personal. Breastfeeding is not merely a personal issue. It is highly political. Multinationals – infant formula and baby food companies¹⁰ - have an interest in breastfeeding or rather in its destruction. Women are being deceived by misleading advertising and other promotional practices by baby food companies and turned into captive consumers, increasingly dependent on company information and the continued flow of new commercial products. Women are also made increasingly dependent on the medical profession for medical advice and information on products. Since baby food and pharmaceutical multinationals have had a long history of courting the medical profession to do their promotion, women are doubly subjected to two huge forces that work hand-in-hand for private profiteering at the expense of women’s and children’s health and well-being. (The author notes that there are women who choose not to breastfeed because of pressures of modernity, and not solely due to deception by advertising and marketing practices of the baby food industries. These women want to fit within a modern capitalist competitive society and often have internalised male

⁹ The researcher uses the term “female-specific activities” to refer to the patriarchal act of defining and constructing women’s role as feminine, that is, in terms of their biology.

¹⁰ The term *baby foods* and *baby food companies* referred to in this thesis includes infant formula and infant formula companies as infant formula is one type of baby food.

values for success. They choose the so-called “modern” lifestyle that sees breastfeeding and other natural ways of nurturing as old fashioned.)

Breastfeeding is also influenced by various social, cultural and economic factors, many of which are perpetuated by patriarchy¹¹. Social factors include workplace discrimination if women express breastmilk or choose to breastfeed at work; the lack of workplace or public facilities to support breastfeeding women; and the lack of legal protection for women who breastfeed in public. Cultural factors range from modesty issues (where religion or cultural values prevent women from baring their breasts), issues of sexuality such as the sexual demands of men that are seen as competing with those of newborns, to ideas of what it means to be a “liberated” woman. The decision to breastfeed or not is also very much influenced by a woman’s economic situation and by the symbols of affluence in a particular society. In some societies, even poor women would sacrifice some basic needs to purchase infant formula because it is a symbol of economic prosperity. Others who would prefer to breastfeed, may end up not doing so, because conditions of poverty require that they leave their children to engage in waged labour.

1.6.3 The idea of praxis and practice

The women’s movement like the breastfeeding movement values praxis – the notion that theory must inform practice. Thus, in addition to providing theoretical arguments for collaboration between the women’s and breastfeeding movements, breastfeeding

¹¹ The author notes that patriarchy also promotes breastfeeding, and can force women to breastfeed against their wish. The breastfeeding movement should therefore not support breastfeeding practices under such conditions, but challenge such patriarchal structures in line with its overall aim of empowering women.

advocates should provide concrete suggestions to women's organisations as to what they can do to support breastfeeding campaigns and vice versa if it intends to foster more cooperation. Some examples include working jointly on actions that will bring about a more conducive social and economic environment for women to breastfeed in public; calling for stronger legislation to protect pregnant and lactating working women; challenging the misleading advertising of baby food and other companies that exploit women as consumers and women's bodies as sexual objects. (Chapter 5 and 7 have identified a range of recommendations for putting theory into practice.)

1.6.4 Understanding difference and diversity

The breastfeeding movement can learn about appreciating difference and diversity from the women's movement, challenges which the latter is dealing with in order to stop essentialising women. This is necessary because the breastfeeding movement can tend to treat breastfeeding as a physiological process that women share just like menstruating and urinating. However at the research level, "there are phenomenal differences between individuals concerning breastfeeding and lactation, and differences in mother-infant dyads in the way breastfeeding succeeds" (Interview with Van Esterik on 7 May, 2000). Breastfeeding advocates therefore need to be alert to differences in breastfeeding patterns among individuals, among various cultures and even among different ethnic groups in a particular society. This includes paying attention to differences in the social, political and cultural circumstances that women find themselves in (see discussion on *embodiment* next). Looking at breastfeeding advocacy messages there is a tendency to speak more generally about returning to a breastfeeding culture, as though women are a homogenous lot and that there is only one breastfeeding culture; but this is far from true. Recognising difference helps to ensure that breastfeeding advocacy is suited to the

people involved, adapted to local circumstances and culture as well as is attentive to the socio-political situation of the women to whom the message is directed. It should also give ordinary women a platform to speak about their life and breastfeeding experiences, and use this knowledge of every-day life as a starting point for formulating theories and advocacy strategies.

1.6.5 Embodiment

Understanding difference and diversity, to a large extent, involves looking at how the body is culturally constructed, a process known as embodiment. Feminists, especially radical and postmodern feminists, are paying increasing attention to the study of female embodiment as a way to deconstruct ideological formations concerning what is female (e.g. gender, sexuality, etc.) and denaturalise women's given roles in society such as wife and mother. Such theories provide the framework for analysing breastfeeding as an embodied experience and offer the possibility for situating breastfeeding within a feminist discourse. According to Van Esterik, understanding embodiment just as we understand how gender is culturally constructed is important because breastfeeding is not just a natural, physiological function of women's bodies as most people assume it to be. How, when, why and to what extent women breastfeed are to a very large extent dependent upon how women's bodies have been culturally constructed in the particular socio-cultural and political milieu. Katherine Dettwyler has studied breastfeeding practices in different cultures and argues that breastfeeding is "a heavily culturized behavior that can be so modified by cultural perceptions away from a 'natural process' to be almost unrecognisable." She takes cross-cultural studies to show that breastfeeding behaviours and the decision of whether or not to breastfeed are always embedded within a wider cultural context.

In addition to nutritional, immunological, contraceptive, and economic considerations, there are, in all cultures, a number of factors and beliefs not directly related to breastfeeding, that nevertheless affect women's decision about how to feed their children. Every cultural group holds beliefs about the primary function of women's breasts, and the proper separation of private and public domains: How are breasts defined? Are they defined as practical, useful parts of the body, similar to arms and legs? Are they viewed as functioning primarily for the purpose of feeding children? Or are breasts defined as sexual organs, functioning primarily to attract and keep male attention? How is breastfeeding defined? Is it defined as 'something all women do, wherever they happen to be with their children'? Or is it viewed as an activity that should be kept private, an activity that is not acceptable in public contexts? (Dettwyler, 1995: 169)

These are important questions which breastfeeding advocates need to keep in mind and which feminists could consider in their research on embodiment, bringing breastfeeding into any analysis on gender, sexuality and family.

1.7 Review of Relevant Literature on Breastfeeding: The Issue and the Movement

1.7.1 The Breastfeeding Issue from Various Discourses

From around the 1960s when breastfeeding became a global concern, it has been seen quite narrowly by the international development community as a nutrition and child health issue. Given this perspective, governments and health implementers have dealt with breastfeeding mainly in divisions of maternal and child health and/or primary health care. When breastfeeding was first recognised as an advocacy issue in a speech entitled *Milk and Murder* given by Dr. Cecilly Williams in Singapore in 1939 it was a "cry in the wilderness." Later, in 1968, when Dr. Derrick Jelliffe coined the phrase "commerciogenic malnutrition" to refer to problems of malnutrition caused by bottle-feeding, the breastfeeding issue became more of a "consumer" issue (WABA, 1994b:

2). The people's campaigns of the late 1960s and 1970s and even of the early 1980s